

CURRENT FEDERAL EMPLOYEE INCENTIVES

Name (Last, First, MI)		Position Title, Series, Grade	
Current Location	Proposed Location	Tentative Reporting Date	

RECOMMENDATION AND APPROVAL OF *(Check appropriate box and attach to Certificate or Personnel Action):*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Relocation Bonus
(Complete Section A) | <input type="checkbox"/> Relocation Expenses -
Justification (Complete
Section B) | <input type="checkbox"/> Retention Allowance
(Complete Section C) | <input type="checkbox"/> Student Loan Repayment
(Complete Section D) |
|---|---|--|---|

Section A. Relocation Bonus *(Up to 25 percent of base salary)*

<p>_____ of salary equivalent to \$ _____</p> <p>Recommended Amount \$ _____</p>	<p>If Section A is completed, attach the following documents to this form:</p> <ul style="list-style-type: none"> ! Service Agreement signed by employee. ! Justification stating (1) the reason which outlines the difficulty experienced in filling the position, and (2) the rational for the amount proposed.
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Section B. Relocation Expenses Justification *(Attach Service Agreement signed by employee.)*

- | | |
|---|---|
| <input type="checkbox"/> Action initiated by Agency management
<input type="checkbox"/> Reduction in force action
<input type="checkbox"/> Shortage of well qualified applicants exists
<input type="checkbox"/> Higher grade or promotion potential | <input type="checkbox"/> Career enhancement selection
<input type="checkbox"/> Benefit of the Government
<input type="checkbox"/> Payment not authorized - For selectee's benefit (Attach Statement of Understanding signed by employee - MERIT PROMOTION ONLY) |
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Section C. Retention Allowance *(May be paid up to 25 percent of base salary; must be recertified annually.)*

<input type="checkbox"/> Initial Request _____ of salary equivalent to \$ _____ <input type="checkbox"/> Recertification: _____ Year <input type="checkbox"/> Termination: _____ Date Effective	<p>If Section C is completed, attach a justification to this form stating:</p> <ul style="list-style-type: none"> ! Unique qualifications of the employee or a special need of the Agency exists. ! Employee is likely to leave the Federal Government in the absence of an allowance. ! Extent to which the employee's departure would affect the Agency.
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Section D. Student Loan Repayment *(Attach written justification and signed Service Agreement)*

- ☐ Amount Offered _____ *(not to exceed \$6,000 per calendar year or \$40,000 per career)*
- ☐ Verify Federally Insured Loan to Repay
- ☐ Lump Sum Payment *(Tax Withholdings 27.5%)*
- Payment Options: ☐ Interval Payments ☐ Tax Liability Covered by Employee *(check)* ☐ Taxes issued prior to repayment made to loan holder

Recommendation and Approval Information

Name and Title <i>(Recommending Official)</i>	Signature	Date
Name and Title <i>(Second Level Supervisor)</i>	Signature	Date
Name and Title <i>(Budget and Fiscal Officer)</i>	Signature	Date
Name and Title <i>(Area Director/HQ Staff Office/Division Director)</i>	Signature	Date